SENDER: COMPLETE THIS SECTION	V Document 20 Filed 06/05/2006 Page 1
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
S. David Parsons, Commissioner Registered Agent for Greenwich Insurance Company Alabama Department of Insurance	YES center delivery address solow. No
201 Monroe Street, Suite 1700 Montgomery, AL 36130-3351	3. Service Type Gretified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0100 0000 7144 1353
PS Form 3811, February 2004 Domes	tic Return Receipt 102595-02-M-1540

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